

## **Voluntary Shared Leave**

### **1. Purpose**

The purpose of voluntary shared leave is to provide economic relief for employees who are likely to suffer financial hardship because of a prolonged absence or frequent short-term absences caused by a serious medical condition.

### **2. Eligibility**

Only permanent employees who have exhausted all accumulated paid leave (sick leave and annual leave, if applicable) and compensatory time are eligible to receive donated leave.

The County Manager shall approve or deny all requests for receipt of donated leave.

### **3. Application for Voluntary Shared Leave**

An employee who, due to a serious medical condition of self or his/her immediate family, faces prolonged or frequent absences from work may apply to their Department Head for donated leave. Application may also be made by a third person acting on the employees' behalf if the employee is unable to make application. The application will be reviewed and forwarded by the Department Head to the County Manager, with his/her recommendation. The County Manager will then decide whether to approve or deny the application. If approved, then the application will be forwarded to the Finance Office for processing.

Immediate family as defined for receipt for Voluntary Shared Leave includes only the employee's

1. Spouse
2. Children
3. Parents
4. Dependents living in the employee's household.

Also included are the step relationships for children and parents.

An employee may make application for shared leave at such time as medical evidence is available to support the need for leave beyond the employee's available accumulated leave.

The following items must be included in the application:

- A doctor's statement, and

- An authorization for release of medical information signed by the person who is suffering the medical condition (or parent or guardian of a minor). This release may also be signed by any legally authorized party.

The applicant's need for voluntary shared leave hours will be made known through system-wide communications by the Finance Office. Only general information will be supplied about the applicant's condition. A Leave Donation Form must be submitted to the Finance Office to adjust the leave balance of the donating employee and the recipient.

#### **4. Donation of Leave**

- (a) To be eligible to donate vacation leave, the employee who donates leave must have more than ten (10) days of accrued leave. In no event shall a leave transfer result in the donor employee reducing his/her vacation leave balance to less than ten (10) days.
- (b) To be eligible to donate sick leave, the employee who donates leave must have more than thirty (30) days of accrued leave. In no event shall a leave transfer result in the donor employee reducing his/her sick leave balance to less than thirty (30) days.
- (c) Transfer of leave will be in increments of one day of leave. All donations of leave are strictly voluntary. Solicitation is not permitted.
- (d) All leave donations must be to a designated employee approved by the County Manager for receipt of donated leave and may not be made to a pool or bank.
- (e) All donations must be in writing and must be signed by the donating employee. The employee receiving the leave must be named and the amount of leave donated must be specified.
- (f) For the purposes of Voluntary Shared Leave, all leave donated will be credited to the recipient's sick leave account.
- (g) The donating employee may not receive compensation in any form for the donating of leave. Acceptance of remuneration for donated leave will result in dismissal.
- (h) Leave sharing shall only be considered for extreme hardship or catastrophic situations.
- (i) An employee may not file a grievance or an employee appeal if their request to receive leave or donate leave is denied. The County Manager will render a final decision based upon the merits and circumstances of each request.

- (j) The employee receiving donated time will be given information on the amount of time donated, but will not receive information such as the names of donating employees. Leave time will be donated to the employee anonymously.
- (k) The employee must be in a leave earning position.
- (l) Leave sharing shall not be available to employees who are receiving Worker's Compensation.
- (m) The employee must need and request a minimum of 80 hours of voluntary shared leave hours.

## **5. Length of Leave**

The maximum amount of Voluntary Shared Leave hours that a person could receive is 450 hours per 12-month period. The employee who is donating the Voluntary Shared Leave hours must have been employed by the County of Hertford for at least a year before they are eligible to donate any of their earned annual leave time. The employee who made application and is trying to receive the donated Voluntary Shared Leave hours must have been employed by the County of Hertford for at least a year before they are eligible to make application and receive any Voluntary Shared Leave hours. The Voluntary Shared Leave hours would run concurrently with the Family Medical Leave Act.

## **6. Earning Leave While Using Voluntary Shared Leave**

Holidays occurring while the employee is using donated leave will be paid. Annual and sick leave will continue to be earned by the employee when he or she is using donated leave. Available earned leave accrued during this period must be used by the employee prior to continued use of any voluntary shared leave.

## **7. Unused Leave**

In the event that the beneficiary should die or is separated from employment prior to exhausting all of the donated leave, the unused balance of the leave will be forfeited. In the event that more leave is donated than is used, the balance will be forfeited.



***County of Hertford  
Voluntary Shared Leave  
Application for Participation***

Employee's Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Medical condition requiring the need for additional leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated amount of time needed: \_\_\_\_\_ hours  
(minimum of 80 hours; maximum of 450 hours)

I authorize the Hertford County Finance Office to make known through system-wide communications my need for additional leave. Only general information about my condition is to be released beyond the Department Head, County Manager, and Finance Office.

\_\_\_\_\_  
Signature of Applicant Date

*Note: A statement from your Medical Doctor must be mailed directly to the Hertford County Manager's Office, Post Office Box 116, Winton, NC, 27986.*

\*\*\*\*\*Approval\*\*\*\*\*

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
County Manager Date

\_\_\_\_\_ Total number of hours donated for this incident \_\_\_\_\_  
Finance Office

## *Voluntary Leave Sharing Donor Form*

### **THIS SECTION TO BE COMPLETED BY EMPLOYEE DONATING LEAVE**

YOUR NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMPLOYEE NO.: \_\_\_\_\_

VACATION HOURS TO BE DONATED: \_\_\_\_\_  
(MINIMUM OF 7.5 HOURS)

SICK HOURS TO BE DONATED: \_\_\_\_\_  
(MINIMUM OF 7.5 HOURS)

### **PLEASE DONATE TO:**

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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### **THIS SECTION TO BE COMPLETED BY THE FINANCE OFFICE**

\_\_\_\_\_ VACATION LEAVE BALANCE AS OF \_\_\_\_\_  
(DATE)

\_\_\_\_\_ VACATION HOURS DEDUCTED FROM BALANCE ABOVE

\_\_\_\_\_ SICK LEAVE BALANCE AS OF \_\_\_\_\_  
(DATE)

\_\_\_\_\_ SICK LEAVE HOURS DEDUCTED FROM BALANCE ABOVE

### **CREDITED AS SHARED LEAVE TO THE ACCOUNT OF:**

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMPLOYEE NO.: \_\_\_\_\_

REQUEST PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

